

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>MENTZER MEDIA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 23 / 2016</b>	
Mailing Address <b>210 W. PENNSYLVANIA AVE, STE 250</b>		Amount <b>48400.00</b>	
City <b>TOWSON</b>	State <b>MD</b>	Zip Code <b>21204</b>	Transaction ID : <b>SE.1</b>
Purpose of Expenditure <b>RADIO PLACEMENT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 20 / 2016</b>
Name of Federal Candidate <b>TODD YOUNG</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>531202.86</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DMM MEDIA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 23 / 2016</b>	
Mailing Address <b>1911 N. FORT MYER DRIVE, STE 400</b>		Amount <b>2932.55</b>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22209</b>	Transaction ID : <b>SE.2</b>
Purpose of Expenditure <b>RADIO PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 22 / 2016</b>
Name of Federal Candidate <b>TODD YOUNG</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>531202.86</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>51332.55</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>51332.55</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 23 / 2016**

Signature